



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

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| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER CR No. 05-10003-NMG | |
| DEFENDANT(S) DENNIS ALBERTELLI, et al., | | TYPE OF PROCESS Order for Interlocutory Sale | |
| SERVE AT | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Peter V. Guaetta, Esquire | | |
| | Address (Street or RFD / Apt. # / City, State, and Zip Code) Guaetta and Benson, LLP, Post Office Box 519, Chelmsford, MA 01824 | | |
| Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210 | | Number Of Process To Be Served In This Case. | |
| | | Number Of Parties To Be Served In This Case. | |
| | | Check Box If Service Is On USA | |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Order for Interlocutory Sale upon the above-named individual by certified mail, return receipt requested. <div align="right">LJT x3364</div> | | | |
| Signature of Attorney or other Originator requesting service on behalf of <i>Kristina E. Barclay</i> | | [X] Plaintiff [] Defendant Telephone No. (617) 748-3100 | Date June 6, 2006 |
| SIGNATURE OF PERSON ACCEPTING PROCESS: | | | Date |
| SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY | | | |
| I acknowledge receipt for the Total # of Process Indicated | District of Origin No | District to Serve No | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i> Date <i>6/14/06</i> |
| I hereby Certify and Return That I [] PERSONALLY SERVED, [] I HAVE LEGAL EVIDENCE OF SERVICE, [] I HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below | | | |
| [] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE. | | | |
| NAME & TITLE of Individual Served If not shown above: | | [] A Person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| ADDRESS: (Complete only if different than shown above.) | | Date of Service <i>6/27/06</i> | Time of Service [] AM [] PM <i>1:00</i> |
| | | Signature, Title and Treasury Agency <i>[Signature]</i> <i>Special Agent in Charge</i> | |
| REMARKS: <i>postcard rec'd indicating receipt of certified mailing on 6/27/06.</i> | | | |

TD F 90-22.48 (6/96)